04/18/2008 11:23

Image# 28931214016

# **FORM 3X**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Th	ian An Authori	zed Commi	ttee		Office Use Onl	ly
NAME OF     COMMITTEE (in full)	USE FEC MAIL OR TYPE OR P		Example:If typin over the lines	ng, type			
American Hospital Assoc	eiation PAC						
		1 1 1 1 1					
ADDRESS (number and street)	325 Seventh	Street, NW					
Check if different	Suite 700						
than previously reported. (ACC)	Washington				DC	20004	
2. FEC IDENTIFICATION N	NUMBER 🔻	CITY A			STATEA	ZIPC	CODE A
C00106146		3. IS THI REPO		NEW (N) OR	A (A	MENDED A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (I	M2)	May 20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On	Mar 20 (I	M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		X Apr 20 (N	<b>J</b> (4)	Jul 20 (M7)	Oct	t 20 (M10)	Jan 31 (YE)
Quarterly Repo		-Day	Primary (1	2P)	General	(12G)	Runoff (12R)
Quarterly Repo	π(QZ)	<b>E</b> -Election port for the:	Convention	n (12C)	Special	(12G)	I
October 15 Quarterly Repo		port 101 tillo1	]	.(.=0)			
January 31 Quarterly Repo	ort(YE)	Election on	L,	<u>L, l</u>		in th State	
July 31 Mid-Ye Report(Non-ele Year Only) (MY	ection (d) 30- (f) Po	-Day st -Election port for the:	General (3	0G)	Runoff (	30R)	Special (30S)
Termination Re (TER)	eport	Election on				in th State	
5. Covering Period	03 01	2008	through	03	3 1	2008	
I certify that I have examined t	his Report and to the	best of my knowled	lge and belief it	is true, correct	and complete.		
Type or Print Name of Treasu	rer Ms. Melinda	Hatton					
Signature of Treasurer Ele	ctronically Filed by	Ms. Melinda Hattor	1	D	ate 0 4	18	2008
NOTE : Submission of false,	erroneous, or incomp	lete information may	/ subject the pe	rson signing thi	s Report to the	e penalties of 2	U.S.C 437g.
Office Use						FEC FO	

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC <sup>®</sup> D " D 0.3 0 1 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 1507360.96 January 1 (b) Cash on Hand at 1390633.66 Begining of Reporting Period ..... 101018.00 227318.65 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1491651.66 1734679.61 6(a) and 6(c) for Column B) ..... 155621.39 398649.34 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 1336030.27 1336030.27 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 3

From:

01

<sup>Y</sup> 2008

-0. 03<sup>M</sup>

<sup>D</sup> 3 1

2008

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) F     (a) Individuals/Persons Other	rom:	
Than Political Committees (i) Itemized (use Schedule	A)	56324.48
(ii) Unitemized	10127.63	22810.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	48521.87	79134.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Line		0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	48521.87	79134.56
Transfers From Affiliated/Other Party Committees	50000.00	127700.00
All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditure		0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	2000.00	19000.00
<ol> <li>Other Federal Receipts (Dividends, Interest, etc.)</li> </ol>	496.13	1484.09
8. Transfers from Non-Federal and	Levin Funds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule	H5)	0.00
(c) Total Transfer (add 18(a) and	18(b)). 0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))		227318.65
0. Total Federal Receipts (subtract Line 18(c) from Line 19	101018.00	227318.65

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 39171.39 80759.34 Expenditures..... (c) Total Operating Expenditures 39171.39 80759.34 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 116375.00 316750.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 75.00 640.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 75.00 640.00 (add Lines 28(a), (b), and (c)) ......... 0.00 500.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 155621.39 398649.34 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 155621.39 398649.34 from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	48521.87	79134.56
34.	Total Contribution Refunds (from Line 28(d))	75.00	640.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	48446.87	78494.56
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39171.39	80759.34
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	39171.39	80759.34

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	ory of the	FOR LINE NUMBER: PAGE 6 / 65 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or us name and address of any politic	ed by any person al committee to s	
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Stephen Goldstone			Date of Receipt
Mailing Address 1700 Pine Grove Ave			03 03 2008
City	State Zip Code		Transaction ID: 15117757
Colorado Springs	CO 80906-2928		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Memorial Health System	Occupation Trustee		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Margaret Allison			Date of Receipt
Mailing Address 200 Morningside			03 03 2008
City	State Zip Code		Transaction ID: 15117775
San Antonio	TX 78209-4734		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Methodist Healthcare Syst- em of San Ant	Occupation Trustee		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00	
Full Name (Last, First, Middle Initial) Ms. Barbara Stoltzfus			Date of Receipt
Mailing Address 235 Cantrell Avenue			03 / 03 / 2008
City	State Zip Code		Transaction ID: 15118090
<u>Harrisonburg</u>	VA 22801-3248		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Rockingham Memorial Hospi- tal	Occupation Trustee		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAG	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Thomasine Kennedy Mailing Address 2714 N.D. 41 & 50  City	State Zip Code	Date of Receipt  0 3
Chinquapin  FEC ID number of contributing federal political committee.	NC 28521	Amount of Each Receipt this Period 500.00
Name of Employer Duplin General Hospital  Receipt For:  Primary  General  Other (specify) ▼	Occupation Board Chair  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) John Sukenik  Mailing Address 540 N. State Apt 4903		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago  FEC ID number of contributing federal political committee.	State Zip Code IL 60610-7231  C	Transaction ID: 15118183  Amount of Each Receipt this Period  500.00
Name of Employer Health Forum	Occupation Chief Operating Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Joseph M. Krella, FACHE Mailing Address 15174 Amber Crest	Lane	Date of Receipt
City	State Zip Code	0 3 0 3 2 0 0 8 Transaction ID: 15118449
<u>Draper</u>	UT 84020-5528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UHA, Utah Hospitals & Hea- Ith Systems A	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		1250.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 8 / 65   (check only one)
Any information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and addr	ess of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
7 American Hospital Association 1 Ac			
Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia			Date of Receipt
Mailing Address 1504 Botsford Drive			M M / D D / Y Y Y Y
City	State	Zip Code	0 3 0 3 2 0 0 8 Transaction ID: 15118456
Knoxville	TN	37922-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Covenant Health	Occupation President	and Chief Executive Office	r
Receipt For:	Aggregate \	Year-to-Date ▼	
Primary General Other (specify)		500.00	
Cutor (specify)	0 0		1
Full Name (Last, First, Middle Initial) Dr. Carol A. Watson, Ph.D., RN			Date of Receipt
Mailing Address 170 Tartan Dr			03 03 2008
City	State	Zip Code	Transaction ID: 15124794
North Liberty	IA	52317-9296	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mercy Medical Center	Occupation Sr. Vice P	resident, Clinical Services	
Receipt For:	Aggregate \	Year-to-Date ▼	
Primary General	-	575.00	1
Other (specify) ▼	0 0		J.
Full Name (Last, First, Middle Initial)			Date of Decision
Ms. Dawn M. Bach  Mailing Address 1525 West 5th Street			Date of Receipt
- 1323 West 3th Street			03 03 2008
City	State	Zip Code	Transaction ID: 15124795
Storm Lake	IA	50588-3027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Buena Vista Regional Medi-	Occupation		
cal Center Receipt For:		f Clinical Services	$\dashv$
Primary General	Aggregate `	Year-to-Date ▼	1
Other (specify) ▼		750.00	
CURTOTAL of Descints This Descriptor 1			1250.00
SUBTOTAL of Receipts This Page (optional)			1200.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA  Mailing Address 4002 Sunhill Court  City Woodstock  FEC ID number of contributing federal political committee.  Name of Employer Georgia Hospital Association  Receipt For: Primary General Other (specify)	State Zip Code GA 30189-2561  C  Occupation Senior Vice President & CFO Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 15124810  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Ms. Donna P. Bergeson  Mailing Address 1938 Grist Stone Cour  City  Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Alston & Bird, LLP  Receipt For:  Primary General  Other (specify)	t  State Zip Code GA 30307-1186  C  Occupation Trustee  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Kevin Bloye Mailing Address 2813 Bakers Bridge Di City Douglasville FEC ID number of contributing federal political committee.  Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	State Zip Code GA 30134-862  C  Occupation Vice President of Public Relations  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1250.00

Any		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
or f	y information copied from such Reports and S or commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Robert E. Bolden		Date of Receipt
	Mailing Address 900 Powers Ferry Roa Suite 104		03 06 2008
	City Marietta	State Zip Code GA 30067-5774	Transaction ID: 15124816  Amount of Each Receipt this Period
•	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Director of Fiscal Services	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Cal Calhoun		Date of Receipt
	Mailing Address 85 Rumson Court		03 06 2008
	City	State Zip Code	Transaction ID: 15124818
	<u>Smyrna</u>	GA 30080-8009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Vice President, Financial Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr Don Campbell, , M.D.		Date of Receipt
	Mailing Address 677 Church Street		03 06 7 7 7 7
	City	State Zip Code	Transaction ID: 15124819
	Marietta	GA 30060-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer WellStar Kennestone Hospi- tal	Occupation Senior Vice President Physician Ser	vic
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	250.00	
SI	JBTOTAL of Receipts This Page (optional)		1000.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 65 (check only one)    X
or for com	nation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) ican Hospital Association PAC	tatements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. A. I	ame (Last, First, Middle Initial) Oon Faulk, , Jr., FAC Address P O Box 6000	State	Zip Code	Date of Receipt  0 3 0 6 2 0 0 8  Transaction ID: 15124826
	n  O number of contributing political committee.	GA C	31208-6000	Amount of Each Receipt this Period 500.00
stem Receip	of Employer al Georgia Health Sy- bit For: Primary General Other (specify)		t and CEO  Year-to-Date ▼  500.00	
Ms. Da	nme (Last, First, Middle Initial) nae Gambill Address 1345 Towne Lake Hills 2000-402	S. Drive		Date of Receipt  0 3 0 6 2 0 0 8
City		State	Zip Code	Transaction ID: 15124829
FEC II	Istock  O number of contributing political committee.	GA	30189-5350	Amount of Each Receipt this Period  250.00
Georgi <u>ion</u>	of Employer a Hospital Associat-		of Government Relations	
	of For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	ame (Last, First, Middle Initial) nn Hale			Date of Receipt
	Address 2016 Harbor Forest Dri	ive		03 06 2008
City		State	Zip Code	Transaction ID: 15124832
	tta  Dinumber of contributing political committee.	GA C	30064-8378	Amount of Each Receipt this Period  250.00
Georgi <u>ion</u>	of Employer a Hospital Associat-	Occupatio Assistan	n t to the President	
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOT	AL of Receipts This Page (optional)	I	<b>)</b>	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	foi	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 12 / 65 (check only one)    X   11a
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be name and address	pe sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Martha Harrell			Date of Receipt
	Mailing Address 109 Springs Drive  City	State 2	Zip Code	0 3 0 6 2 0 0 8  Transaction ID: 15124834
	Roswell		30075-4825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1020	250.00
	Name of Employer Georgia Hospital Associat- ion	Occupation VP Education	al Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Paul P Hinchey			Date of Receipt
	Mailing Address 11705 Mercy Bouleva	rd		03 06 2008
	City		Zip Code	Transaction ID: 15124835
	Savannah	GA :	31419-1711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Joseph's/Candler, St. Joseph's Hos		Chief Executive Office	er
	Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 250.00	
-	Full Name (Last, First, Middle Initial) Mr. Ethan James	l		Date of Receipt
	Mailing Address 1675 Terrell Mill Road	I		03 06 YYYY 2008
	City	State 2	Zip Code	Transaction ID: 15124837
	<u>Marietta</u>	GA :	30067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Director of Gr	assroots and Advocacy	<u>/</u>
	Receipt For:	Aggregate Year	-to-Date ▼	_
	Primary General Other (specify) ▼	0 0 0	300.00	
Г	SUBTOTAL of Receipts This Page (optional) .	ı		800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persore name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. G. Lamar Lyle  Mailing Address Post Office Box 44  City Dalton  FEC ID number of contributing federal political committee.  Name of Employer Hamilton Medical Center  Receipt For: Primary General Other (specify)	State Zip Code GA 30722-0044  C  Occupation Board Chairman  Aggregate Year-to-Date ▼  750.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 15124840  Amount of Each Receipt this Period  750.00
Full Name (Last, First, Middle Initial) Ms Judy McClenaghan Mailing Address 2806 Octabia Lane  City Marietta  FEC ID number of contributing federal political committee.  Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	State Zip Code GA 30062-4924  C  Occupation Government Relations Assistant  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Kathryn McGowan  Mailing Address 4546 Windsor Oaks C  City  Marietta  FEC ID number of contributing federal political committee.  Name of Employer Georgia Hospital Association  Receipt For:  Primary General Other (specify)	t.  State Zip Code GA 30066-2241  C  Occupation Partnership for Health and Accountab  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 3
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports at	nd Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA		dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Dorothy Vi B. Naylor  Mailing Address 190 Hunting Creek	Drive		Date of Receipt  0 3 0 6 2 0 0 8
City	State	Zip Code	Transaction ID: 15124844
<u>Marietta</u>	GA	30068-3416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Georgia Hospital Association Receipt For:  Primary  Other (specify) ▼		e Vice President e Year-to-Date  500.00	
Full Name (Last, First, Middle Initial)  Mr. Joseph A. Parker  Mailing Address 3497 Mill Bridge Di	rive		Date of Receipt
City  Marietta  FEC ID number of contributing federal political committee.	State GA	Zip Code 30062-5598	0 3 0 6 2 0 0 8  Transaction ID: 15124847  Amount of Each Receipt this Period  750.00
Name of Employer Georgia Hospital Association Receipt For: Primary Other (specify)	Occupation Presiden	n t & Chief Executive Officer e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Rhett C. Partin			Date of Receipt
Mailing Address Route 2 Box 3425			03 06 2008
City <u>Nashville</u>	State GA	Zip Code 31639-9537	Transaction ID: 15124848  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Executive	n e Director, The Center for Ru	── ur
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Hospital Association Page 1	and Statements may not be sold or used by any personing the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Glenn Pearson		Date of Receipt
Mailing Address 660 Crossfire Rid	ge	03 06 Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15124849
<u>Marietta</u>	GA 30064-1393	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Executive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Joyce Reid	L	Date of Receipt
Mailing Address 1675 Terrell Mill F	Rd	03 06 2008
City	State Zip Code	Transaction ID: 15124853
<u>Marietta</u>	GA 30067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Health and Accountability Specialist,	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Earl Rogers	L	Date of Receipt
Mailing Address 1675 Terrell Mill F	Road	03 / 06 / 2008
City	State Zip Code GA 30067-8339	Transaction ID: 15124856
Marietta		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Senior VP, Government Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)	1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each catego Detailed Summ	chedule(s) (check only one)	16 / 65 12 16  1
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or use name and address of any politica	d by any person for the purpose of soliciting contri al committee to solicit contributions from such com	outions mittee.
∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Ms Elizabeth Schoen Mailing Address 1926 Fields Pond Gln.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	2008
	City	State Zip Code	Transaction ID: 15124860	
	Marietta  FEC ID number of contributing federal political committee.	GA 30068-1575	Amount of Each Receipt this	250.00
	Name of Employer Georgia Hospital Associat- ion Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Attorney  Aggregate Year-to-Date	250.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. Temple Sellers Mailing Address 1782 Briar Lake Circle			2 0 0 8
	City	State Zip Code	Transaction ID: 15124861	2000
	Decatur	GA 30033-1110	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Regulatory Legislative Co	ounsel	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	500.00	
. –	Full Name (Last, First, Middle Initial) Mr. George H. St. George		Date of Receipt	
	Mailing Address 306 Cork Pond Road			2008
	City	State Zip Code	Transaction ID: 15124864	
	Sylvania FEC ID number of contributing federal political committee.	GA 30467-8656	Amount of Each Receipt this	Period 250.00
	Name of Employer Screven County Hospital	Occupation Chief Executive Officer		
	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)		10	00.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 65 (check only one)    X   11a
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Cindy R Turner			Date of Receipt
	Mailing Address P O Drawer 1987			03 / 06 / 2008
	City <u>A</u> lma	State GA	Zip Code 31510-1987	Transaction ID: 15124866  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bacon County Hospital and Health Syste	Occupation Chief Exe	n ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Benjamin Underwood	1		Date of Receipt
	Mailing Address 2104 Murren Drive			03 06 7 2008
	City <u>S</u> myrna	State GA	Zip Code 30080-6520	Transaction ID: 15124867
	FEC ID number of contributing federal political committee.	C	30000-0320	Amount of Each Receipt this Period  250.00
	Name of Employer Talbott Recovery Campus	Occupation President	n t & Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Ms. Karen Waters			Date of Receipt
	Mailing Address 1569 Asheforde Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Marietta</u>	State GA	Zip Code 30068-1850	Transaction ID: 15124869  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30000 1000	500.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Vice Pres	n sident, Professional Service	S
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
卜	TOTAL This Period (last page this line number			

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 65 (check only one)    X
or fo	information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>F</u>	ull Name (Last, First, Middle Initial) Ir. Harold D. Cleberg, TTEE			Date of Receipt
_	Mailing Address 2525 Main Suite 301	Ctoto	7in Code	03 04 2008
	City Kansas City	State MO	Zip Code 64108-2627	Transaction ID: 15146118  Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		1000.00
<u>s</u>	lame of Employer Saint Luke's Northland Ho- pital-Smithv	Occupation Trustee	1	
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
. <u>N</u>	Full Name (Last, First, Middle Initial)  As. Joyce A Murphy  Mailing Address 96 Green Street	l		Date of Receipt
_				03 04 2008
	City	State	Zip Code	Transaction ID: 15146156
F	Canton EC ID number of contributing ederal political committee.	C	02021-1026	Amount of Each Receipt this Period  500.00
	lame of Employer JMass Memorial Medical Ce- nter	Occupation Vice Cha		
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) Ms. Vicki Seltzer			Date of Receipt
N	Mailing Address 36 Bacon Road			03 10 2008
	City	State NY	Zip Code	Transaction ID: 15146157
F	DId Westbury FEC ID number of contributing ederal political committee.	C	11568-1503	Amount of Each Receipt this Period  350.00
<u>s</u>	lame of Employer North Shore University Ho- pital	Occupation Vice Pres	n sident, Women's Health Ser	vice
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
SU	BTOTAL of Receipts This Page (optional)		<b>1</b>	1850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19765   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		arooo or ary pointed committee to	
Full Name (Last, First, Middle Initial) Mr. Frank Lopez, , FACHE			Date of Receipt
Mailing Address 7803 Kingsgate Dri	ve		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Amarillo	State TX	Zip Code 79119-6508	Transaction ID: 15146164  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Northwest Texas Healthcare System	Occupation Chief Exe	n ecutive Officer and Managin	<del></del>   g Ф
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Nancy Steiger			Date of Receipt
Mailing Address 2901 Squalicum Pa	arkway		03 04 7 9 9
City Bellingham	State WA	Zip Code 98225-1851	Transaction ID: 15146200  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30EE 1001	500.00
Name of Employer St. Joseph Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Nancy A. Crawford			Date of Receipt
Mailing Address 1616 Lobdell Avenu	ıe		03 05 2008
City Baton Rouge	State LA	Zip Code 70806-8246	Transaction ID: 15146202  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70000 02-10	350.00
Name of Employer Woman's Hospital	Occupation Senior Vi	n ice President	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 350.00	
			1350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 65 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Ms. Bruce Schwartz		Date of Receipt
	Mailing Address 39 Sheldon Street	State 7'm Code	03 10 2008
	City <u>Ardsley</u>	State Zip Code NY 10502-2504	Transaction ID: 15186491  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Montefiore Medical Center	Occupation Executive Vice Chair Psychiatry	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Ms. Henrietta S. Fielek	1	Date of Receipt
	Mailing Address 110 4th St., SE		03 18 2008
	City Washington	State Zip Code DC 20003-1012	Transaction ID: 15186719
	FEC ID number of contributing federal political committee.	C 20003-1012	Amount of Each Receipt this Period  1000.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Education	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Mr. Jerry Stoeckigt		Date of Receipt
	Mailing Address One North Franklin		03 18 2008
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: 15186747
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 350.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Advertising, Health Foru	m
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	I.	1700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 65 (check only one)  X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAGE Full Name (Last, First, Middle Initial)	C	
Mr. Richard J. Davidson  Mailing Address 325 Seventh Street Suite 700		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Washington	State Zip Code DC 20004-2818	Transaction ID: 15186948  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation President Emeritus  Aggregate Year-to-Date  1000.00	
Full Name (Last, First, Middle Initial) Ms. Marjorie Swetonic  Mailing Address 3104 Faiss Dr.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15187229
Las Vegas FEC ID number of contributing	NV 89134-7432	Amount of Each Receipt this Period 500.00
federal political committee.	Occupation	_
Name of Employer MountainView Hospital	Vice Chair	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Linda U Jordan		Date of Receipt
Mailing Address 37 McDaniel Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cragford	State Zip Code AL 36255-6502	Transaction ID: 15208567
FEC ID number of contributing federal political committee.	C 30233-0302	Amount of Each Receipt this Period  1000.00
Name of Employer Clay County Hospital	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	(l⊭	2500.00

	EMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a     11b     11c   12     13   14   15   16     11   12     16     11   12     16     11   15     16     11   15     16     11   15     16     11   15     16     11   16
A O!	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	American Hospital Association PAC		
٠.	Full Name (Last, First, Middle Initial)  Mr. Carl Brown  Mailing Address 121 Chimney Lane		Date of Receipt
			03 24 2008
	City Wilmington	State Zip Code NC 28409-4909	Transaction ID: 15208568  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer New Hanover Regional Medi- cal Center	Occupation Trustee	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	350.00	
	Full Name (Last, First, Middle Initial) Mr. Kevin E Lofton		Date of Receipt
	Mailing Address 47 Tamarade Drive		03 17 2008
	City	State Zip Code	Transaction ID: 15208607
	Littleton	CO 80127-3519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Catholic Health Initiativ- es	Occupation  President and Chief Executive Office	er l
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
. <del>-</del>	Full Name (Last, First, Middle Initial) Ms. Jacquelyn Harms, , R.N.		Date of Receipt
	Mailing Address 151 Roger Circle		03 17 2008
	City	State Zip Code	Transaction ID: 15208646
	Durant FEC ID number of contributing	OK 74702-1207	Amount of Each Receipt this Period
	federal political committee.	C	500.00
	Name of Employer Medical Center of Southea- stern Oklahom	Occupation Chief Executive Officer	
	Receipt For:  Primary General	Aggregate Year-to-Date ▼	7
	Other (specify)	500.00	
\[\frac{\cdots}{\cdots}\]	SUBTOTAL of Receipts This Page (optional)		1850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 65 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any persor the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Krinkie		Date of Receipt
Mailing Address 2550 University Ave Suite 350-S	enue W.	03 11 2008
City	State Zip Code	Transaction ID: 15209079
Saint Paul	MN 55114-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Minnesota Hospital Associ-	Occupation Vice President, Government Relations	
<u>ation</u> Receipt For:	Aggregate Year-to-Date ▼	<u>-</u>
Primary General Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Ms. Katherine Low		Date of Receipt
Mailing Address 2001 W. Franklin A	venue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15209080
<u>Minneapolis</u>	MN 55405-2422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Children's Hospitals and Clinics of Mi	Occupation Trustee	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	_
Full Name (Last, First, Middle Initial) Mr. Edward Phillips		Date of Receipt
Mailing Address 100 University Aver	ue S.E.	03 11 2008
City	State Zip Code	Transaction ID: 15209081
Minneapolis	MN 55414-2101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Children's Hospitals and Clinics of Mi	Occupation Trustee	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 65 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Mr. Kenneth E S Platou		Date of Receipt
Mailing Address 800 South Third Stree		03 / 27 / Y Y Y Y
City	State Zip Code	Transaction ID: 15226829
Montrose	CO 81401-4291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Montrose Memorial Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard P. de Filippi, Ph.D.		Date of Receipt
Mailing Address 189 Upland Road		03 / 31 / 2008
City	State Zip Code	Transaction ID: 15226834
<u>Cambridge</u>	MA 02140-3604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Cambridge Health Alliance	Occupation Trustee	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Mary Kitchell		Date of Receipt
Mailing Address 4114 Edgewater Drive	•	03 31 2008
City	State Zip Code	Transaction ID: 15226835
Ames	IA 50010-4192	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Mary Greeley Medical Cent- er	Occupation Trustee	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
		1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any per- name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Debbie J. Bowen, FACHE, CAE		Date of Receipt
Mailing Address 622 Sheridan Square Unit 3		03 18 7 2008
City	State Zip Code	Transaction ID: 15226837
Evanston	IL 60202-4751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer American College of Healt-	Occupation	
hcare Executi	Executive Vice President & COP	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Bridget A. Gargan		Date of Receipt
Mailing Address 54 West Weisheimer R	oad	03 17 2008
City	State Zip Code	Transaction ID: 15226838
Columbus	OH 43214-2545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ohio Hospital Association	Occupation Vice President, State Policy & Advo	cac
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Michael Szubski		Date of Receipt
Mailing Address 11100 Euclid Avenue		03 17 2008
City	State Zip Code	Transaction ID: 15226839
Cleveland	OH 44106-1716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University Hospitals Case Medical Cent	Occupation Senior Vice President and Chief Fin	and
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 65 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas F Zenty, III Mailing Address 11100 Euclid Avenue City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Cleveland  FEC ID number of contributing federal political committee.	OH 44106-1716	Amount of Each Receipt this Period 250.00
Name of Employer University Hospitals  Receipt For:  Primary  Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date  250.00	
Full Name (Last, First, Middle Initial) Mr. James R. Castle  Mailing Address 815 Gatehouse Lane		Date of Receipt  0 3 1 7 2 0 0 8
City	State Zip Code	Transaction ID: 15226841
Columbus	OH 43235-1733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ohio Hospital Association	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. William P Lawrence Mailing Address 2359 Lalemant Road		Date of Receipt  0 3 1 7 2 0 0 8
City	State Zip Code	Transaction ID: 15226842
University Heights	OH 44118-4503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University Hospitals	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).	•	1000.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 65 (check only one)    X
Any informa or for comm	tion copied from such Reports and ercial purposes, other than using the	Statements mane name and add	In the sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
1 \	OF COMMITTEE (In Full) an Hospital Association PAC			
	ne (Last, First, Middle Initial) A. Becker			Date of Receipt
	Address 9616 Brunswick			03 / 17 / 2008
City		State	Zip Code	Transaction ID: 15229149
Brentwe	000	TN	37027-8467	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		500.00
Name of Tenness ation	Employer see Hospital Associ-	Occupatio Presiden		
Receipt I	For:	<del> </del>	e Year-to-Date ▼	
	mary General her (specify) ♥		500.00	
	ne (Last, First, Middle Initial) lotte Burns			Date of Receipt
Mailing A	Address 935 Wayne Road			03 / 17 / 2008
City		State	Zip Code	Transaction ID: 15229150
<u>Savanr</u>	<u>iah</u>	TN	38372-1937	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		300.00
Name of Hardin M	Employer fledical Center	Occupatio Administ	n rator and Chief Executive Of	ffi
Receipt I		Aggregate	e Year-to-Date ▼	
	mary ☐ General her (specify) ♥		300.00	
	ne (Last, First, Middle Initial)			Date of Receipt
Mailing A	Address 103 Powell Court, Su	iite 200		03 17 2008
City		State	Zip Code	Transaction ID: 15229151
Brentwe	ood	TN	37027-5079	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		1000.00
Name of LifePoint	Employer t Hospitals, Inc.	Occupatio Chief Op	n erating Officer	
Receipt I		Aggregate	e Year-to-Date 🔻	
	mary General her (specify) ▼	0 0	1000.00	
				1800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Applied from such Reports of	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 65 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to s	ror the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia Mailing Address 1504 Botsford Drive		Date of Receipt
	е	03 17 2008
City	State Zip Code	Transaction ID: 15229152
Knoxville	TN 37922-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Covenant Health	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Ted H. Stubblefield		Date of Receipt
Mailing Address 100 North Crest Dri	ive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15229153
Springfield	TN 37172-3961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Northcrest Medical Center	Occupation Trustee	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Charles H Whitfield, , Jr.		Date of Receipt
Mailing Address 1420 Tusculum Bo	ulevard	03 17 2008
City	State Zip Code	Transaction ID: 15229414
Greeneville	TN 37745-5825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Laughlin Memorial Hospital	Occupation President and Chief Executive Officer	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (ontions	al)	1850.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 65 (check only one)    X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights	Road	Date of Receipt  0 3
	City	State Zip Code MO 65043-2039	Transaction ID: 15229760
	Holts Summit  FEC ID number of contributing federal political committee.	MO 65043-2039	Amount of Each Receipt this Period  111.12
	Name of Employer Missouri Hospital Associa- tion Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation Sr. Vice President, Health Policy Aggregate Year-to-Date ▼  333.36	
 3.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith Mailing Address 5612 Tanner Bridge Ro	pad	Date of Receipt  0 3 1 9 2 0 0 8
	City	State Zip Code	Transaction ID: 15229809
	Jefferson City	MO 65101-8275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	111.12
	Name of Employer Missouri Hospital Associa- tion Receipt For:	Occupation President and Chief Executive Office	r
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	]
- :.	Full Name (Last, First, Middle Initial) Mr. Steve Perkins		Date of Receipt
	Mailing Address 212 Cashin Drive		03 11 2008
	City	State Zip Code	Transaction ID: 15233402
	Luverne	MN 56156-1059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Sanford Hospital Luverne	Occupation Board Chair	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		722.24

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 65 (check only one)
· · ·	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Mark A. Eustis		Date of Receipt
Mailing Address 2450 Riverside Aven		03 / 04 2008
City Minneapolis	State Zip Code MN 55454-1450	Transaction ID: 15233579  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Fairview Health Services	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Dr. Alan L Goldbloom, , M.D.		Date of Receipt
Mailing Address 2525 Chicago Avenu	e South	03 04 2008
City	State Zip Code	Transaction ID: 15236903
Minneapolis	MN 55404-4518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Children's Hospitals and Clinics of Mi	Occupation President and Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Margaret E Perryman		Date of Receipt
Mailing Address 200 East University	Avenue	03 04 2008
City	State Zip Code	Transaction ID: 15237735
Saint Paul	MN 55101-2598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Gillette Children's Speci- alty Healthca	Occupation President and Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	nd Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Richard R Pettingill Mailing Address P O Box 43  City Minneapolis  FEC ID number of contributing federal political committee.	State Zip Code MN 55440-0043	Date of Receipt  M M M / D D M 2 0 0 8  Transaction ID: 15237736  Amount of Each Receipt this Period  500.00
Name of Employer Allina Hospitals & Clinics  Receipt For:  Primary  Other (specify) ▼	Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Ms. Rosemary Ann Roth Mailing Address 237 Forgham Road	3	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15244963
Rochester	NY 14616-3334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rochester General Hospital	Occupation Director Surgical Services	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Linda Burnes Bolton, Dr.PH, RN,		Date of Receipt
Mailing Address Post Office Box 48	750	03 24 2008
City	State Zip Code	Transaction ID: 15244966
Los Angeles	CA 90048-0750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Cedars-Sinai Medical Cent- er	Occupation Vice President & Chief Nursing Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	al)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Judith R. Miller, RN, FAAN Mailing Address 24-D Alton Place  City Brookline  FEC ID number of contributing federal political committee.  Name of Employer MG&A, LLC  Receipt For: Primary General Other (specify)	State Zip Code MA 02446-6400  C  Occupation Principal  Aggregate Year-to-Date   350.00	Date of Receipt  M M M / D D / Y Y Y Y Y  2 4 2 0 0 8  Transaction ID: 15244972  Amount of Each Receipt this Period  350.00
Full Name (Last, First, Middle Initial) Dr. M Joy Drass, , M.D.  Mailing Address 3800 Reservoir Road  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer MedStar-Georgetown Medical Center Receipt For:  Primary General Other (specify)	State Zip Code DC 20007-2113  C  Occupation President  Aggregate Year-to-Date   350.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3
Full Name (Last, First, Middle Initial) Ms. Patricia West-Jones  Mailing Address 2167 Natures Gate Co  City Fernandina Beach  FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital-Ormond Memorial  Receipt For: Primary General Other (specify)	State Zip Code FL 32034-2997  C  Occupation Board Member  Aggregate Year-to-Date  350.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	for each	rate schedule(s) category of the Summary Page  FOR LINE NUMBER: PAGE 33 / 65 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such or for commercial purposes, othe	Reports and Statements may not be sold than using the name and address of any	or used by any person for the purpose of soliciting contributions political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In F American Hospital Assoc	· ·	
Full Name (Last, First, Middle Ms. Aline M. Holmes	Initial)	Date of Receipt
Mailing Address 19 Ashfor	d Drive	03 / 28 / 2008
City Plainsboro	State Zip Coo NJ 08536-	
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer New Jersey Hospital Assoc-	Occupation Senior VP, Clinical	Affairs
iation Receipt For: Primary Gener	Aggregate Year-to-Dat	
Other (specify)	0 0 0 0	500.00
Full Name (Last, First, Middle Ms. Melinda Reid Hatton	Initial)	Date of Receipt
Mailing Address 325 Seve Suite 700	nth Street, NW	M M / D D / Y Y Y Y
City	State Zip Coo	Transaction ID. 1110 101 20220 110
Washington FEC ID number of contributing	DC 20004-	
federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation VP & Chief Washin	gton Counsel
Receipt For:	Aggregate Year-to-Dat	. ▼
Primary Gener Other (specify) ▼		273.00 P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Mr. Alex White, Jr.	Initial)	Date of Receipt
Mailing Address One Nort	ı Franklin	M " M / D " D / Y " Y " Y " Y
City	State Zip Coo	114110410111121
Chicago	IL 60606-	3436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.00
Name of Employer American Hospital Associa- tion	Occupation Account Executive	
Receipt For:  Primary Gener	Aggregate Year-to-Dat	
Other (specify)		406.00 P/R Deduction (\$58.00 Bi-Weekly)
SUBTOTAL of Receipts This Pa		694.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 65 (check only one)    X
Any inform or for comr	ation copied from such Reports and St mercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\	OF COMMITTEE (In Full) can Hospital Association PAC			
	me (Last, First, Middle Initial) da Fishman			Date of Receipt
Mailing	Address 325 Seventh Street, NV Suite 700	N		M " M / D " D / Y " Y " Y " Y
City <u>Washi</u>	ington	State DC	Zip Code 20004-2818	Transaction ID: PR327629120413  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		78.00
tion-Wa Receipt			nsident Federal Relations e Year-to-Date ▼ 273.00	P/R Deduction (\$39.00 Bi-Weekly)
Mr. Linc	me (Last, First, Middle Initial) Isay Mac Robinson Address 107 East Lane			Date of Receipt
City		State	Zip Code	Transaction ID: PR327727320413
<u>Lake E</u>	Barrington	IL	60010-1939	Amount of Each Receipt this Period
FEC ID federal	number of contributing political committee.	C		78.00
Name of Americation-Ch	of Employer an Hospital Associa- icago	Occupatio Vice Pre	n sident, PMGs	
	For: rimary General ther (specify)	Aggregate	e Year-to-Date ▼ 273.00	P/R Deduction (\$39.00 Bi- Weekly)
	me (Last, First, Middle Initial) bbie F. Weiner			Date of Receipt
Mailing	Address 11004 petersborough E	Orive		M M / D D / Y Y Y Y
City	:11.5	State	Zip Code	Transaction ID: PR327745920413
	number of contributing political committee.	C	20852-3249	Amount of Each Receipt this Period 78.00
Name of Americation-Wa			n Grassroots Advocacy	
P	rimary General ther (specify) ▼	33 -33	273.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOT	<b>AL</b> of Receipts This Page (optional)			234.00

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 65 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from or for commercial purposes,	such Reports and Statements rother than using the name and	may not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE American Hospital As	•		
Full Name (Last, First, Mi Ms. Pamela Austin Thomps			Date of Receipt
Mailing Address 325 S Suite	eventh Street, NW 700		M M / D D / Y Y Y Y
City <u>Washington</u>	State DC	Zip Code 20004-2818	Transaction ID: PR327812020413  Amount of Each Receipt this Period
FEC ID number of contrib			78.00
Name of Employer American Organization of Nurse Executi Receipt For:  ☐ Primary ☐ G ☐ Other (specify) ▼	Execu	ation tive Director ate Year-to-Date ▼  273.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Mi Mr. Mark Seklecki			Date of Receipt
Mailing Address 325 S Suite	eventh Street, NW 700		M M / D D / Y Y Y
City	State	Zip Code	Transaction ID: PR327858020413
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee			78.00
Name of Employer American Hospital Assoc tion-Washingt	Occupa Vice P	tion resident, Political Affairs	
Receipt For:		ate Year-to-Date	
Primary G Other (specify) ▼	eneral	273.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Mi Mr. John F. Barry	ddle Initial)		Date of Receipt
	lorth Franklin		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR327877820413
Millis	MA	60606-3436	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee			78.00
Name of Employer American Hospital Assoc tion-Chicago	Region	nal Executive	
Receipt For:  Primary G  Other (specify) ▼	eneral	ate Year-to-Date ▼ 273.00	P/R Deduction (\$39.00 Bi- Weekly)
SURTOTAL of Receipts Th	is Page (optional)		234.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 65 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any ir or for	nformation copied from such Reports and St commercial purposes, other than using the	tatements may no name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
- I	AME OF COMMITTEE (In Full) merican Hospital Association PAC			
	III Name (Last, First, Middle Initial) r. Richard J Umbdenstock			Date of Receipt
_	ailing Address 325 Seventh Street, NV Suite 700	N		M M / D D / Y Y Y Y
Cit <u>W</u>	ty /ashington	State DC	Zip Code 20004-2818	Transaction ID: PR328132820413  Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		78.00
Na Ar	ame of Employer merican Hospital Associa- n-Washingt	Occupation President		
	cecipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 273.00	P/R Deduction (\$39.00 Bi- Weekly)
	ıll Name (Last, First, Middle Initial) s. Barbara Lorsbach			Date of Receipt
	ailing Address 204 7th Ave			M M / D D / Y Y Y Y
Cit	ty	State	Zip Code	Transaction ID: PR328136920413
<u>La</u>	a Grange	IL	60525-6406	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		78.00
Na Ar tio	ame of Employer merican Hospital Associa- n-Chicago	Occupation Sr. Vice Pre	sident, Member Relations	S .
	eceipt For:	Aggregate Ye	ar-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	273.00	P/R Deduction (\$39.00 Bi- Weekly)
	III Name (Last, First, Middle Initial) s. Donna J. Melkonian			Date of Receipt
Ma	ailing Address 5545 North Wayne			M M / D D / Y Y Y Y
Cit		State	Zip Code	Transaction ID: PR328223820413
<u>CI</u>	hicago	IL	60640-1318	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		78.00
Ar <u>tio</u>	ame of Employer nerican Hospital Associa- n-Chicago	Occupation Vice Preside		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 273.00	P/R Deduction (\$39.00 Bi- Weekly)
CUD	TOTAL of Receipts This Page (optional)			234.00

ITEMIZED R			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial p	pied from such Reports and State ourposes, other than using the report of the sum of the	atements may name and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Ho	spital Association PAC			
Dr. James D. Be	r., First, Middle Initial) Intley, Ph.D. Intley 13106 Vingle Lane			Date of Receipt
	13106 Villgle Latie			William / Bab / Talata
City Silver Spring		State MD	Zip Code 20906	Transaction ID: PR328224920413  Amount of Each Receipt this Period
FEC ID number federal political		C		78.00
Name of Emplo American Hosp tion-Washingt	yer ital Associa-	Occupation Sr. Vice I		
Receipt For: Primary Other (sp	☐ General	Aggregate	Year-to-Date ▼ 273.00	P/R Deduction (\$39.00 Bi- Weekly)
Mr. Richard J. P	I, First, Middle Initial)  Sollack  3475 North Venice Stre	ot .		Date of Receipt
——————————————————————————————————————	5 3473 NOITH VEHICE SHE	<u></u>		
City		State	Zip Code	Transaction ID: PR328260920413
Arlington FEC ID number federal political		C	22207-4446	Amount of Each Receipt this Period  78.00
Name of Emplo American Hosp tion-Washingt	yer ital Associa-		e Vice President	
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 273.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Las Mr. Richard H. V	r, First, Middle Initial) Vade			Date of Receipt
Mailing Address	1221 Cavalier Road			M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR328310420413
Arnold		MD	21012-2126	Amount of Each Receipt this Period
FEC ID number federal political		С		80.00
Name of Emplo American Hosp tion-Washingt Receipt For:	yer ital Associa-		President, Communications	
Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Pa	Leceipts This Page (optional)			236.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen		Date of Receipt
Mailing Address 1001 N. Potomac Str		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR328312720413
Arlington	VA 22205-1629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa-	Occupation Senior Vice President	
tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$39.00 Bi-
Other (specify)	273.00	Weekly)
Full Name (Last, First, Middle Initial) Ms. Lori M. Schor		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	IW	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR328341820413
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa-	Occupation	
tion-Washingt	Director, Political Action & Grassro	ot
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	273.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina	I	Date of Receipt
Mailing Address 200 Clover Hill Court		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR328511820413
Yardley	PA 19067-5736	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	78.00
Name of Employer American Hospital Associa-	Occupation	
tion-Chicago	Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary ☐ General Other (specify) ▼	273.00	P/R Deduction (\$39.00 Bi- Weekly)
LIDTOTAL of Descirte This Desc (entired)		234.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 65 (check only one)    X
Any infor	rmation copied from such Reports and S mmercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
\	E OF COMMITTEE (In Full) erican Hospital Association PAC			
	Name (Last, First, Middle Initial)			Date of Receipt
Mailin	ng Address 1 North Franklin SAtre	et		M " M / D " D / Y " Y " Y " Y
City		State	Zip Code	Transaction ID: PR329071320413
<u>Chic</u>	ago	<u>IL</u>	60614	Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		78.00
Name Amer	e of Employer ican Hospital Associa-	Occupatio	n t & COO, Leadership & Busi	
tion-C	<u>Chicago</u> ipt For:		e Year-to-Date	Hess
	Primary General	Aggregate		P/R Deduction (\$39.00 Bi-
	Other (specify) ▼	0 0	273.00	Weekly)
	Name (Last, First, Middle Initial)  /. Thomas Deweese	ļ.		Date of Receipt
Mailin	ng Address 500 Interstate Bouleva	rd South		M " M / D " D / Y " Y " Y " Y
City		State	Zip Code	Transaction ID: PR329215720413
<u>Nash</u>	nville	TN	37210-4634	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		78.00
Name	e of Employer ican Hospital Associa-	Occupatio		
tion-C	Chicago		Executive	
Recei	ipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		273.00	P/R Deduction (\$39.00 Bi- Weekly)
	Jame (Last, First, Middle Initial) aul N. Muraca			Date of Receipt
	ng Address 4960 138th Cricle Wes	st		M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR330475420413
<u>Appl</u>	e Valley	MN	55124	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		78.00
Amer	e of Employer ican Hospital Associa- Chicago	Occupation Regional	n Executive	
	ipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	273.00	P/R Deduction (\$39.00 Bi- Weekly)
	TAL of Receipts This Page (optional)	<u> </u>		234.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		FOR LINE NUMBER: PAGE 40 / 65 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Sr.		Date of Receipt
Mailing Address PO Box 15587		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR331416020413
Austin	TX 78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.00
Name of Employer American Hospital Associa- tion	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	406.00	P/R Deduction (\$58.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Donald May	1	Date of Receipt
Mailing Address 521 Great Falls St.		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR331533220413
Falls Church	VA 22046-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	273.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR517619720413
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Relati	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  273.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		272.00
ODITION OF THE CEIPLS THIS Fage (optional)		38394.24

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 65 (check only one)  11a 11b 11c 12 13 14 15 X 16 17
Ar or	ly information copied from such Reports and Stateme for commercial purposes, other than using the name	nts may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)		
$\rangle$	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Friends Of John Barrow		Date of Receipt
	Mailing Address PO Box 8166		03 / 04 / 2008
	City	tate Zip Code	Transaction ID: 15150456
	Savannah	GA 31412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C00384735	2000.00
	Name of Employer Oc	cupation	
	Receipt For: 2008 Ag  X Primary General  Other (specify) ▼	gregate Year-to-Date ▼ 2000.00	Refund

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	2000.00

S	CHEDULE A (FEC Form 3X)			FOI	R LINE	NU	JMBEI	R:	PAG	iE 4	12 / 65	j
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(che	eck on 11a 13	_	ne) 11b 14		11c	X	12 16	<b>□</b> 17
Ar or	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may and add	not be sold or used by any persodress of any political committee to	n for t solicit	he pur contril	pose	e of so	liciti m s	ng con uch co	itribu mmi	itions ittee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)											
$\rangle$	American Hospital Association PAC											
	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal				Date o	f Re	ceipt					
	Mailing Address 1215 K Street Suite 800				0 3	/	2	6	/ Y		0 0 8	
	City	tate	Zip Code	1	ransa	ctio	n ID:	152	20918	2		
	<u>Sacramento</u> CA	<u> </u>	95814		Amour	nt of	Each	Rec	eipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	C00	0237495				0		į	5000	00.00	)
	Name of Employer Occ	cupation	1									
	Receipt For:  Primary  General  Other (specify)	gregate	Year-to-Date ▼ 50000.00									

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	50000.00
TOTAL This Period (last page this line number only)	<u> </u>	50000.00

SCHEDULE A (FEC Form 3X	()		FOR LINE NUMBER: PAGE 43 / 65
ITEMIZED RECEIPTS	• /	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  11a 11b 11c 12  13 14 15 16 X 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
Mailing Address 1400 G Street, NW			03 31 2008
City	State	Zip Code	Transaction ID: 15337540
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		496.13
Name of Employer	Occupatio	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1484.09	Interest

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	496.13
TOTAL This Period (last page this line number only)	<u> </u>	496.13

C.

age# 20931214039			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
Any Information copied from such Reports and State or for commercial purposes, other than using the nar		by any person fo	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Merchant Bankcard			Transaction ID: 15337535 Date of Disbursement
Mailing Address 1601 Elm Street			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees	7,0201	001	80.20
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		Merchant Fees
Full Name (Last, First, Middle Initial)			Transaction ID: 15209210
Greenberg Quinlan Rosner Research			Date of Disbursement
Mailing Address 10 G Street NE Suite 400			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} Y$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Polling Services		005	13000.00
Candidate Name		Category/ Type	
Office Sought:  Senate  President  State:  Disburs  Disburs  State:	ement For: Primary General Other (specify)		Polling Services
Full Name (Last, First, Middle Initial)			Transaction ID: 15209216
Greenberg Quinlan Rosner Research			Date of Disbursement
Mailing Address 10 G Street NE Suite 400			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind to Shea Porter(NH-1). See line 23.		005	-4875.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Турс	In-Kind to Shea Porter(NH-1). See line 23.
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	8205.20

TOTAL This Period (last page this line number only) .....

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the  Detailed Summary Page	(check only	7 one) ☐ 22
	Detailed Summary Fage	27	28a 28b 28c 29 30
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Anzalone Liszt Research Inc.			Transaction ID: 15209206 Date of Disbursement
Mailing Address 260 Commerce Street -	4th Floor		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 8 \end{smallmatrix} \end{bmatrix}$
City Montgomery	State Zip Code AL 36104		Amount of Each Disbursement this Period
Purpose of Disbursement	1.2	v v	13000.00
Polling Services Candidate Name		005 Category/ Type	
Senate President	ement For:  Primary General Other (specify)	Туре	Polling Services
State: District:  Full Name (Last, First, Middle Initial)			
Merchant Bankcard			Transaction ID: 15337536  Date of Disbursement
Mailing Address 1601 Elm Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees		001	136.99
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		Merchant Fees
State: District:  Full Name (Last, First, Middle Initial)			Transaction ID: 15209261
Citibank, F.S.B.			Date of Disbursement
Mailing Address 1400 G Street, NW			$\begin{bmatrix}\begin{smallmatrix}M&3&M\\0&3&\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&0&0\\0&6&\end{smallmatrix}] / \begin{bmatrix}\begin{smallmatrix}Y&&Y&0&0&8\\&&2&0&0&8\end{smallmatrix}$
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Taxes		001	1490.00
Candidate Name	,	Category/ Type	
Office Sought: House Disburs: Senate President	ement For: Primary General Other (specify)	.,,,,,	Taxes
State: District:			
			14626.99

TOTAL This Period (last page this line number only) .....

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 46 / 65 only one)						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22 23	3 🔲 24	25	<u></u>			
A Life with a sixty of the sixty of Development Of the		27	28a 28		29	30b			
Any Information copied from such Reports and State or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) Anzalone Liszt Research Inc.			Transaction Date of Disbu		09				
Mailing Address 260 Commerce Street -	4th Floor		03 /	D 0 6 / Y	žoŏ	8 <sup>Y</sup>			
City	State Zip Code		Amount of Ea	ach Disburse	ment this	Period			
Montgomery Purpose of Disbursement	AL 36104		-		-4875.	00			
In-Kind to Altmire (PA-4). See line 23.		005				,,,			
Candidate Name		Category/ Type							
Senate President	ement For: Primary General Other (specify)		In-Kind to A See line 23.	ltmire (PA-	4).				
State: District:									
Full Name (Last, First, Middle Initial) The Mellman Group			Transaction Date of Disbu	ursement	96				
Mailing Address 1000 Thomas Jefferson Suite 520	St.		03 /	1 4 / Y	žoŏ	8 <sup>Y</sup>			
City Washington	State Zip Code DC 20007		Amount of Ea	ach Disburse					
Purpose of Disbursement Polling Services		005	L		13000.	00			
Candidate Name		Category/ Type							
Senate President	ement For: Primary General Other (specify)		Polling Serv	rices					
State: District: Full Name (Last, First, Middle Initial)									
The Mellman Group			Transaction Date of Disbu	ursement		· V			
Mailing Address 1000 Thomas Jefferson Suite 520	St.		03 /	1 4 / Y	200	8			
City Washington	State Zip Code DC 20007		Amount of Ea	ach Disburse					
Purpose of Disbursement	Г	1			-4875.	00			
In-Kind to John Barrow (GA-12). See line 23.  Candidate Name		005 Category/ Type							
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	. 160	In-Kind to Jo A-12). See I	ohn Barrow ine 23.	ı (G-				
l l					2050 6	20			
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>			3250.0	ĴÛ			

TOTAL This Period (last page this line number only) ......

В.

### SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 47/65 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 15337539 Citibank, F.S.B. Date of Disbursement 18 0 3 2008 Mailing Address 1400 G Street, NW City State Zip Code Amount of Each Disbursement this Period Washington DC 20005 40.74 Purpose of Disbursement Bank Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Bank Fees General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 15344492 Bennett, Peters and Normington Date of Disbursement 19 0 3 2008 Mailing Address 1010 Wisconsin Ave, NW Suite 208 City State Zip Code Amount of Each Disbursement this Period 20007 Washington DC 13000.00 Purpose of Disbursement Polling Services 005 Candidate Name Category/ Type Office Sought: House Disbursement For: Polling Services

General

SUBTOTAL of Disbursements This Page (optional)	•	13040.74
TOTAL This Period (last page this line number only)	•	39122.93

Primary

Other (specify)

State:

CHEDULE B (FEC Form 3X)	Use separate schedule(s	)	FOR LINI	E NUMBER:		PA	AGE 48	/ 65
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 28a	23 28b	24 28c	25 29	F
ny Information copied from such Reports and State for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full)	ic and address of any pointed		militiee to 3	Olioit Continbut	10113 1101	11 30011	Johnnie	
American Hospital Association PAC								
Full Name (Last, First, Middle Initial) Carol Shea-Porter For Congress	•							
				Date of D	/ DO:		žoč	Y
Mailing Address P.O. Box 453	P.O. Box 453							8
City Rochester	State Zip Code NH 03866			Amount o	f Each [	Disburse		
Purpose of Disbursement In-Kind Contribution: Polling Services		Г	011	T L			4875	.00
Candidate Name Rep. Carol Shea-Porter		Ca	ategory/ Type					
Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)	<u> </u>	- )  -	In-Kind C ling Serv		ution: F	Pol-	
State: NH District: 01	(-F)/ <b>\</b>							
Full Name (Last, First, Middle Initial) Citizens For Altmire				Transact Date of D			07	
Mailing Address P.O. Box 1776				0 3	/ DO (	D / N	žoč	8 Y
City	State Zip Code			Amount o	f Each F	Dishured	ment this	Porio
Freedom	PA 15042			Amount	ı Lacıı L	o i a bui a t		
Purpose of Disbursement In-Kind Contribution: Polling Services		Г	011	<u> </u>			4875	.00
Candidate Name Rep. Jason Altmire		C	ategory/ Type					
· —	ement For: 2008  Primary General  Other (specify)		· ·	In-Kind ( ling Serv		ution: F	Pol-	
State: PA District: 04								
Full Name (Last, First, Middle Initial) Bill Shuster For Congress				Transact Date of D			67	
Mailing Address PO Box 27				0,3	<sup>/</sup> 1 (	0 /	žoč	8
City Hollidaysburg	State Zip Code PA 16648			Amount o	f Each [	Disburse	ment this	s Perio
Purpose of Disbursement Contribution			011				1000	.00
Candidate Name Rep. William Franklin Shuster		C	ategory/ Type					
· -	ement For: 2008  Primary General  Other (specify)			Contribut	tion			
State: PA District: 09	_ Culei (specily) ¥							
<b></b>							10750	00
SUBTOTAL of Disbursements This Page (optional)			<u></u>				10750.	.UU

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		_		NUMB	ER:			PAGE	49 /	65
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(cn	eck on 21b 27	22 28a	Х	23 28b	24 28		25 29	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											5
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	c and address of any political	10011			SHOIL GOI			JIII 000			
۷.	Full Name (Last, First, Middle Initial) Coble For Congress					1		ion ID:		9263		
	Mailing Address PO Box 1177					o <sup>M</sup> 3	3 <sup>M</sup>	/ <b>1</b>	0 /	YZ	ó o è	3 Y
	City Greensboro	State Zip Code NC 27402				Amo	ount c	f Each	Disbur			-
	Purpose of Disbursement Contribution Candidate Name			011						1	0.000	U
	Rep. Howard Coble	ement For: 2008	U.	atego Typo		-						
	Senate X President	Primary General Other (specify)				Con	tribu	tion				
	State: NC District: 06  Full Name (Last, First, Middle Initial)					Tran	sact	ion ID:	15209	9456		
В.	Boyd For Congress					Date	of D	isburse	ement /		/	Y
	Mailing Address P.O. Box 15703					0.3	3	1	0	2	2 o ŏ 8	3
	City Tallahassee	State Zip Code FL 32317				Amo	ount c	f Each	Disbur			
	Purpose of Disbursement Contribution Candidate Name			011						1	500.0	0
	Rep. Allen Boyd		U	ateg Typ	•							
	Office Sought:  X House Senate President State: FL District: 02	ement For: 2008 Primary X General Other (specify)				Con	tribu	tion				
 C.	Full Name (Last, First, Middle Initial) Becerra For Congress					1		ion ID:		9264		
	Mailing Address P.O. Box 261060					o <sup>M</sup> 3	3 <sup>M</sup>	/ <b>1</b>	0 /	YZ	2 0 Ó 8	B <sup>Y</sup>
	City Los Angeles	State Zip Code CA 90026				Amo	ount c	f Each	Disbur			-
	Purpose of Disbursement Contribution			011				•		. 1	0.000	0
	Candidate Name Rep. Xavier Becerra			ateg Typ								
	Senate President	ement For: 2008 Primary X General Other (specify)				Con	tribu	tion				
Г	State: CA District: 31										-00.0	0
s	UBTOTAL of Disbursements This Page (optional)					Ļ		-		35	500.0	U
т	OTAL This Period (last page this line number only)				•							

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)				NUMBE	R:		Р	AGE	50 / 6	35
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			eck onl 21b 27	22 28a		23 28b	24 280	, <b>П</b>	25 29	26 30
	y Information copied from such Reports and State for commercial purposes, other than using the nar											
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	ne and address of any political	1 0011		<u></u>	JICIL COITE	TIDULIN	0113 1101	III Sucii	COMM	iiiiee	
<u>د</u> ۸.	Full Name (Last, First, Middle Initial) Becerra For Congress							on ID:	15344 ment	563		
	Mailing Address P.O. Box 261060					0 <sup>M</sup> 3	M /	<sup>D</sup> 1	0 /	Ý Ž	o ŏ 8	Y
	City Los Angeles	State Zip Code CA 90026				Amou	ınt of	Each I	Disburs	-		-
	Purpose of Disbursement Contribution Candidate Name			01		L.		•	-	10	0.00	0
	Rep. Xavier Becerra	sement For: 2008		ateg Typ								
		<ul><li>✓ Primary General</li><li>Other (specify) ▼</li></ul>				Contr	ibuti	on				
_	Full Name (Last, First, Middle Initial)					Trong	ootie	on ID.	15209	151		
3.	Latham For Congress					Date		sburse	ment		0 ŏ 8	Y
	Mailing Address P.O. Box 71 PO Box 71	State Zip Code				0 3		<u>1</u>		^		
	City Clarion	State Zip Code IA 50525				Amou	int of	Each	Disburs			
	Purpose of Disbursement Contribution			01		L.			•	5	500.0	0
	Candidate Name Rep. Thomas P. Latham			ateg Typ	•							
		sement For: 2008  ☐ Primary ☐ General  ☐ Other (specify) ▼				Contr	ibuti	on				
).	Full Name (Last, First, Middle Initial) Latham For Congress							on ID: sburse	15344 ment	641		
	Mailing Address P.O. Box 71 PO Box 71					0 3	M /	<sup>D</sup> 1	0 /	y y 2	o ŏ 8	Y
	City Clarion	State Zip Code IA 50525				Amou	ınt of	Each I	Disburs			
	Purpose of Disbursement Contribution Candidate Name			01		L.	•			20	0.00	U
	Rep. Thomas P. Latham			ateg Typ								
	Senate President	sement For: 2008 Primary X General Other (specify)				Contr	ibuti	on				
s	State: IA District: 04  UBTOTAL of Disbursements This Page (optional	)			<b>•</b>					35	00.00	0
	OTAL This Period (last page this line number only				<u> </u>							

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NUMBER: PAGE 51 / 65
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one)  22
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and address of any political	Committee to so	met contributions from such committee
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 15209266
Dave Camp For Congress 2008			Date of Disbursement
Mailing Address 5915 Eastman Ave. Suite	÷ 100		$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	State Zip Code MI 48640		Amount of Each Disbursement this Period
Purpose of Disbursement	10010		1000.00
Contribution		011	
Candidate Name Rep. David Lee Camp		Category/ Type	
President	nent For: 2008 Primary General Other (specify)		Contribution
State: MI District: 04			
Full Name (Last, First, Middle Initial) Mike Pence Committee			Transaction ID: 15209455 Date of Disbursement
Mailing Address P. O. Box 408			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
•	State Zip Code N 46015		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Michael R. Pence		Category/ Type	
President	nent For: 2008 Primary General Other (specify)		Contribution
State: IN District: 06  Full Name (Last, First, Middle Initial)			
Impact America			Transaction ID: 15209262 Date of Disbursement
Mailing Address 228 W. Washington St. Suite 200			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Contribution		011	5000.00
Candidate Name		Category/ Type	
	ment For: Primary General Other (specify) ▼		2008 Contribution
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last page this line number only) .			

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s	)			NUMBE	R:		PA	AGE 5	2 / 65	
ΙΤ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,		eck onl 21b 27	22 28a		23 28b	24 28c	2 2		26 30
	y Information copied from such Reports and State for commercial purposes, other than using the nan											
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	to and address of any pointer			00 10 30	onon comi	ibutic	713 110	on Such	Johnnie		
	Full Name (Last, First, Middle Initial) Schock For Congress					Trans Date of			152094 ment	53		
	Mailing Address PO Box 10555					0 3	M /	<sup>D</sup> 1	0 /	ž0	ŏ8°	
	City Peoria	State Zip Code IL 61612				Amou	nt of	Each	Disburse		-	riod
	Purpose of Disbursement Contribution			01		L.	_	•		500	0.00	
	Candidate Name Mr. Aaron Schock	. 5	С	ateg Typ								
	Office Sought:  X House Senate President State: IL District: 18	ement For: 2008 Primary X General Other (specify)				Contri	ibuti	on				
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	City Tampa  Purpose of Disbursement Contribution  Candidate Name Rep. Katherine Castor  Office Sought: X House Senate President  State: FL District: 11  Full Name (Last, First, Middle Initial) Halvorson For Congress	State Zip FL 33  Disbursement For: X Primary Other (specify)	2008 General	Categ	gory/	Contrib	t of Each  oution  ction ID: Disburse	Disburse	1000	s Perio
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	City Tampa  Purpose of Disbursement Contribution  Candidate Name Rep. Katherine Castor  Office Sought:  X House Senate President State: FL District: 11  Full Name (Last, First, Middle Initial) Halvorson For Congress  Mailing Address 1395 C Main St  City Crete  Purpose of Disbursement Contribution  Candidate Name	State Zip FL 33  Disbursement For:  X Primary Other (specify)  State Zip IL 60	2008 General • • • • Code 0417	Categ	jory/ pe	Contrib	oution  ction ID: Disburse	Disburse	1000	s Perio
	City Tampa  Purpose of Disbursement Contribution Candidate Name Rep. Katherine Castor  Office Sought: X House Senate President State: FL District: 11  Full Name (Last, First, Middle Initial) Halvorson For Congress  Mailing Address 1395 C Main St  City Crete Purpose of Disbursement Contribution Candidate Name	State Zip FL 33  Disbursement For:  X Primary Other (specify)  State Zip IL 60	2008 General • V	Categ Typ	jory/ pe	Contrib	t of Each  ction ID: Disburse / D1  t of Each	Disburse	1000	s Periodo.

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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											
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<u>Г</u> А.	Full Name (Last, First, Middle Initial) Larson For Congress							on ID: sburse	15209 ment	477		
	Mailing Address 29 Ruff Circle					0 <sup>M</sup> 3	M /	1	9 /	<sup>Y</sup> Ž	o ŏ e	Y
	City Glastonbury	State Zip Code CT 06033				Amou	unt of	Each	Disburs		-	
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— В.	Full Name (Last, First, Middle Initial) Ose For Congress							on ID: sburse	15209	476		
	Mailing Address 9321 Silverbend Lane				0 <sup>M</sup> 3	M /	1	D /	<sup>Y</sup> Ž	o ŏ o	Y	
	City Elk Grove	State Zip Code CA 95624				Amou	ınt of	Each	Disburs	sement	this F	Period
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	Candidate Name Mr. Doug Ose		atego Type	•	-							
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С.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella							sburse		781		
	Mailing Address 34 Dumont Avenue 34 Dumont Ave					0 <sup>M</sup> 3	M /	<sup>D</sup> 2	<sup>D</sup> /	ž	o ŏ e	Y
	City Staten Island	State Zip Code NY 10305				Amou	ınt of	Each	Disburs		-	
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American Hospital Association PAC										
Full Name (Last, First, Middle Initial) Price For Congress					action II					
Mailing Address P.O. Box 425				0 <sup>M</sup> 3	M / D	2 <sup>D</sup>	/ Y	ž 0 č 8	3 Y	
City Roswell	State Zip Code GA 30077			Amou	nt of Eac	h Disb	urseme	nt this F	Perio	
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Candidate Name Rep. Thomas E. Price, M.D.			Category/							
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State: GA District: 06										
Full Name (Last, First, Middle Initial) Friends Of Max Baucus					action II of Disbur					
Mailing Address PO Box 586		0 <sup>M</sup> 3	M / D	2 <sup>D</sup>	/ Y	žοŏε	3 Y			
City Helena	State Zip Code MT 59624			Amou	nt of Eac	h Disb	urseme	nt this F	Perio	
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Shelley Moore Capito For Congress				Date of	of Disbur	semen	t	v · v ·	V	
Mailing Address P.O. Box 11519	Mailing Address P.O. Box 11519						′ _ ′ .	ž 0 ŏ 8	3 '	
City Charleston	State Zip Code WV 25339			Amou	nt of Eac	h Disb	urseme	nt this F	Perio	
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	y Information copied from such Reports and Stator commercial purposes, other than using the n												
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Doyle For Congress Committee  Mailing Address 205 Hawthorne Court							isburs	_			ý 8 Ý	1
	City Pittsburgh	State Zip Code PA 15221				Amou	nt o	f Each	n Disb	ursen	nent th	is Pe	rioc
	Purpose of Disbursement Contribution Candidate Name Rep. Michael F. Doyle	FA 13221			gory/						2000	0.00	
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	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	ee				Trans Date		isburs	_	-		Y _ Y	
	Mailing Address 76 Magnolia Terrace					0 3			26		20	ŏ8°	_
	City Springfield Purpose of Disbursement	State Zip Code MA 01108	Ι_		-	Amou	nt o	f Each	n Disb	ursen	nent th	-	rio
	Candidate Name Rep. Richard E. Neal			01 ateg	gory/								
	Office Sought:  X House Senate President State: MA District: 02	rrsement For: 2008 Primary X General Other (specify) ▼	1			Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress					Trans	of D	isburs	emen				
	Mailing Address P.O. Box 490286					0 3	М	2	26	/ T	20	ŏ8°	
	City Chicago	State Zip Code IL 60649				Amou	nt o	f Each	n Disb	ursen	nent th	-	rio
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	Rep. Jesse L. Jackson, Jr.			Typ	ory/ e								
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	y Information copied from such Reports and Stater for commercial purposes, other than using the name												
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dak	ota				Trans Date of		isburs	emen	-		Y	Y
	Mailing Address PO Box 2009					0 <sup>M</sup> 3			2 6	L		o ŏ 8	
	City Sioux Falls	State Zip Code SD 57101				Amou	int o	f Each	n Disk	ourser	-	this Pe	
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	Full Name (Last, First, Middle Initial)					Trans	acti	on ID	: 152	28213	35		
	Higgins For Congress						of Di		emen	nt / Y	Y	o ŏ 8	Υ
	Mailing Address PO Box 28					0 3		2	2 6		2 (	0 8	
	City Buffalo	State Zip Code NY 14220				Amou	int o	f Each	n Dist	ourser		this Pe	-
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	Candidate Name Rep. Brian M. Higgins			ateg Typ	ory/ e								
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	Full Name (Last, First, Middle Initial) Longhorn PAC					Trans Date		isburs	emen			V	v
	Mailing Address 228 S. Washington St. Suite B-20					0 <sup>M</sup> 3	IVI	<sup>/</sup> 2	26	<u> </u>	2 (	o ŏ 8	
	City Alexandria	State Zip Code VA 22314				Amou	int o	f Each	n Disb	ourser	-	this Pe	
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	y Information copied from such Reports and Stater or commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	, , , , , , , , , , , , , , , , , , ,							
۸.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei					action ID: of Disburse		736	
	Mailing Address PO Box 74				0 3	M / D 2	6 /	Ý Ž0	8 0
	City Syracuse	State Zip Code NY 13214			Amou	nt of Each	Disburs		
	Purpose of Disbursement Contribution Candidate Name			)11 tegory/	L.			300	0.00
	Mr. Daniel Maffei	ement For: 2008		уре	Contr	ibution			
	Senate X President State: NY District: 25	Primary General Other (specify) ▼			Contr	ibulion			
 3.	Full Name (Last, First, Middle Initial) McGoff For Congress					action ID: of Disburse		128	
	Mailing Address PO Box 44003				0 3	M / D 2	<sup>D</sup> /	Ý Ž0	80
	City Indianapolis	State Zip Code IN 46244			Amou	nt of Each	Disburs		
	Purpose of Disbursement Contribution Candidate Name Mr. John McGoff		Cat	)11 tegory/				250	0.00
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	Full Name (Last, First, Middle Initial) Goode For Congress					action ID: of Disburse			
	Mailing Address 235 South Main Street				0 3	M / D 3	1 /	y žo	8 0
	City Rocky Mount	State Zip Code VA 24151			Amou	nt of Each	Disburs		
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	Rep. Virgil H. Goode, Jr.		ı	ype					
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NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Bob Goodlatte For Congress Committee  Mailing Address P.O. Box 292		Transaction ID: 15345649 Date of Disbursement  O 3 1 Y Y Y O 0 8
<i>y</i>	State Zip Code VA 24002	Amount of Each Disbursement this Period
Purpose of Disbursement Void of 1/07 Check	011	-1000.00
Candidate Name Rep. Robert W. Goodlatte	Category/ Type	
Office Sought:  X House Senate President State: VA District: 06 Disburse	ment For: 2008  Primary General  Other (specify)	Void of 1/07 Check
Full Name (Last, First, Middle Initial) Citizens For Turner		Transaction ID: 15282739 Date of Disbursement
Mailing Address 131 N. Ludlow Street Suit	e 317	03 1 7 2 0 0 8
	State Zip Code OH 45402	Amount of Each Disbursement this Period
Purpose of Disbursement Void of 11/07 Check	011	-1000.00
Candidate Name Rep. Michael R. Turner	Category/ Type	
Office Sought: X House Disburse Senate X	ment For: 2008 Primary General	Void of 11/07 Check

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